

Moving Ahead

The present structure of the Ministry has been derived from the administration of Public Health, Mental Health, Treatment and Rehabilitation programs, and support services. Many adjustments will be required to shift activities relating to these programs and services into the new structure. These details will be worked out with staff who understand the requirements. The most significant change, and the greatest potential for future development, is embodied in the concept of one comprehensive health care program, rather than a number of separate programs identified with particular kinds of service.

While these internal adjustments are being made, the Ministry will encourage and support the development of District Health Councils for planning, co-ordinating and evaluating local services. The various agencies contributing to the program will continue to function under management boards, with financial support as well as technical assistance from Government. It is intended, however, that local agencies will be accountable to the people they serve, through a strong representation of local residents on a District Health Council concerned with the total spectrum of health services.

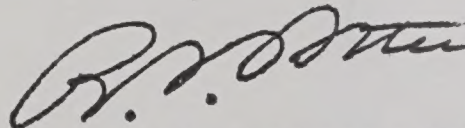
Boards of Health, hospital boards and other management boards, will be responsible for the administration of the agency and the quality of service provided. Special interest groups, such as Hospital Councils and Mental Health Councils will have an important planning and co-ordinating function as sub-committees of the District Health Council.

The link between Government and District Health Councils will be provided by area co-ordinators, appointed by Government to co-ordinate the delivery of health care services throughout the Province. The Councils will also be assisted by consultants in the Ministry of Health in achieving a comprehensive program and a level of service which meets required standards.

We are fortunate in having good health services in Ontario. However, these services could be improved by better co-ordination and integration. We must all work together to build one comprehensive health care plan.

The basic philosophy behind the re-organization of the Ministry of Health is one of co-operation and sharing of responsibility in the development of such a program.

As Minister of Health I ask for your continued support in building the best and most efficient health care plan for the people of Ontario.



Honourable Richard T. Potter, M.D.
Minister of Health

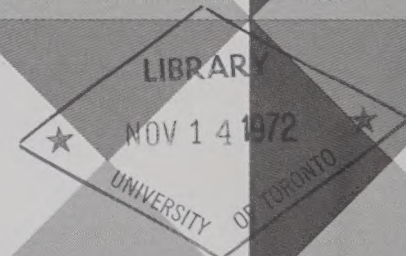
Re-organization of the Ministry of Health

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The Role of Government

The role of Government in health has been shaped by the needs of the people and the search for a healthy environment. Prior to Confederation, the Government took steps

- to control disease,
- to support the development of general hospitals, and
- to provide institutions for the mentally ill.

An extensive range of services which relate to these three primary interests has been developed in the intervening years.

There have been a number of progressive changes in the administration of health services. The Provincial Board of Health, established in 1882, was replaced by a Department of Health in 1923. The first Minister of Health, appointed in 1930, was responsible for a Department of Health and a Department of Hospitals, which were combined into one Department in 1934.

All matters pertaining to public and private hospitals were transferred from the Department of Health to a Hospital Services Commission in 1957. In addition to the responsibility for developing a balanced and integrated hospital system, the Commission administered the plan of hospital care insurance undertaken January 1, 1959. The voluntary medical services insurance plan introduced in 1965 and the mandatory plan adopted October 1, 1969, were combined into one in January 1972. To achieve a better integration of health services, the administration of the general hospital system became a direct responsibility of the Ministry of Health April 1, 1972.

The Need for Change

An extensive range of public health services, system of general hospitals, and services for the mentally ill and retarded have been developed by a combination of local initiative with Government support and guidance. Many dedicated men and women, both lay and professional, have contributed to the rich and colorful record of advances made through voluntary, public and private enterprise. In addition to consultant services, the Government has provided direct services where necessary.

The leadership role of Government was strengthened by the establishment of a Council of Health in 1966, which has undertaken an investigation of the provisions made for the prevention of disease, restoration of health and alleviation of disability, including education, training and research necessary to maintain a balanced and comprehensive program. In 1969, the Government undertook a program directed to the further development of health resources, through facilities for training and educating health manpower, better distribution of health personnel, improved patterns of care, and regional planning and evaluation of health services.

Many highly specialized activities and programs have been developed within the Department. A similar movement towards specialization has resulted from the search for knowledge and skills which would lead to better methods of prevention, diagnosis and treatment. These special interests have resulted in a fragmentation of health services to a degree that interferes with the effective use of available resources.

Many health services relate to institutions which place a heavy burden on the economy, through high costs of construction, equipment and operating expenses. It has been difficult to avoid unnecessary duplication of highly specialized services in some parts of the Province, and to achieve the necessary distribution of services in others. An increasing reliance on Government to absorb the costs of health care has tended to direct attention away from the responsibility of the individual and the community. All these trends and developments make it necessary to devise an organization which will accommodate the advances that have been made, and enable Government to be more responsive to present and future needs.

Concepts for the Future

- Health is a broad concept of well-being embracing all aspects of an individual's physical and mental state. For an individual to achieve his or her potential, and make the best possible contribution to society, health services must be readily-available.
- A comprehensive program will be required, capable of serving the needs of the total population, without limitation or restriction by age, nature of illness or any other criteria. Such a program must be developed on a broad base and make full use of all the technical knowledge and skills available.
- Provincial guidelines and standards will be required to achieve a balanced and integrated service system throughout the Province. Standards will have to be adjusted to suit the particular conditions which apply in a given area. Arrangements must remain sufficiently flexible to encourage new and innovative patterns of care in response to changing needs and priorities.
- In order to bring services to the people according to their needs, a great deal of responsibility for program planning, and for day-to-day delivery of services, must be carried by responsible groups in the community. In keeping with this principle, arrangements will be made to relieve Government of the responsibility for direct services.
- In addition to setting Provincial guidelines and standards, Government will need to provide guidance and direction in planning and developing community programs. Technical advice to local agencies and services will also be required.
- The success of a program can best be judged in terms of the benefits derived by the population served. An on-going evaluation will be carried out by those responsible for the program at the community level, and by Government.

These concepts and principles will be reflected in the reorganization of the Ministry of Health which will relate all activities to three primary responsibilities:

- ▷ Development of standards, provision of consultant services, and evaluation of programs;
- ▷ Delivery of health care services;
- ▷ Administration of the Ministry.